

Physician, heal thyself

The new Practitioner Health Matters Programme will offer support to dentists and other health practitioners in difficulty.

The Practitioner Health Matters Programme, launching this September, aims to support and care for dentists and other health professionals who may have a substance misuse problem or mental health issue. Formerly the Sick Doctors Scheme, which supported doctors for over 25 years, the new Programme has been updated to reflect international best practice in practitioner health, and for the first time is also open to dentists and pharmacists.

Dr Íde DeLargy, a GP based in Blackrock in Dublin, is Clinical Lead for the new Programme, having been involved with the Sick Doctor Scheme since 2008. She explained the particular issues that affect health practitioners.

"Doctors, dentists and pharmacists are very slow to come forward to declare that they might have a problem with mental health issues and alcohol or substance issues. Therefore, what we find is that they present very late and usually in crisis."

Key to overcoming this reluctance, says Dr DeLargy, is the promise that they will receive a high standard of care, coupled with complete confidentiality, and the reassurance that regulatory bodies will remain at arm's length for those who engage with the Programme.

"We want people to feel that they can come forward safely and in confidence to have their health needs met, with the intention of getting them back to work safely and well."

The other key message is to seek help as soon as possible.

"If you feel you have a problem, if you think you might have a problem, or you recognise a problem in somebody else, seek help early."

How will it work?

Dentists, doctors and pharmacists are encouraged to self-refer to the Programme, which can be accessed by logging on to their website – www.practitionerhealth.ie – or by email at confidential@practitionerhealth.ie. Once they make that initial contact, they will be advised to come forward for assessment. A treatment plan will be put in place and agreed with the practitioner, depending on the nature of the problem. More severe cases may require some in-patient care, but those less severe can be managed on an outpatient basis, with ongoing monitoring and support. The Programme will offer follow-up and support for as long as it is needed.

"This is a model of care that has been shown to work well, and the outcomes at an international level are very positive. Practitioners who get a service from a

designated programme do extremely well and about 80% of them get back to work safely and well in recovery."

Although the Programme is independent of the regulatory bodies, it has their support. "We have a memorandum of understanding with each of the regulators [including the Dental Council] so that they recognise the work that we're doing, and they support it, but they're not involved, so we do not need to refer a practitioner to them unless somebody is not willing to comply with the treatment programme and/or is putting patients at risk."

Dr DeLargy emphasises that these are extreme cases, as the vast majority of people who engage with the Programme are willing to comply with their treatment plan.

Cost

Practitioners who have problems with substance misuse or mental health issues are often in financial difficulty as a result of neglecting their practice. Alternatively, their problem may in part have been caused by the stresses of financial problems, or difficulties in running their business. Either way, cost will not be an issue for practitioners who come to the Programme for assistance. Those who have health insurance can use it to cover possible in-patient services, and those who do not will be referred to the appropriate public services; however, the assistance offered by the Programme itself, i.e., advice and counselling, etc., is free of charge. The Programme will also link to the relevant benevolent funds (medical, dental and pharmacy), so that if a practitioner needs financial support those organisations may be able to assist.

Warning signs

While the Programme's directors hope that practitioners experiencing difficulties will self-refer, they acknowledge that the person with the problem is often the last person to realise that they need help. With this in mind, what should friends, colleagues and family members look out for? Dr DeLargy says that initial warning signs can be very subtle. "For example, there might be changes in work patterns – somebody who has previously been punctual and attentive to their work starts coming in late, or missing sessions. It can be as simple as that."

A change in appearance – neglect of dress or personal hygiene – might also indicate a problem. As problems escalate, the signs become more obvious, ranging from a person smelling of alcohol, or disappearing for periods of time, to locking themselves in their consulting room in order to drink or abuse substances. Dr DeLargy and her colleagues are more than willing to speak to anyone who is concerned about a colleague or family member. Often, she says, the initial contact and discussion serves to confirm that there is a problem, and they will be advised to speak to the person concerned and advise them to seek help. She acknowledges that this is often extremely difficult to do, but the Programme is here to help.

"We can talk them through the steps – what they might say to the individual and how they might go about it. It's a tough conversation to have, but it could be

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Dr DeLargy will address the IDA's Retirement Seminar – 'Getting Long in the Tooth' – on Friday October 2 at the Radisson Hotel, Dublin Airport. Dr DeLargy praised both the Dental Council and the Irish Dental Association, both of which have

been involved in helping to develop the Programme and to support it. Association CEO Fintan Hourihan is Secretary/Director of the Programme, and Dr DeLargy praised his commitment and support.

life saving in certain circumstances. It could be the kindest thing you ever do for a colleague – sit them down and say: 'I can see what's happening and I think you should go for help'. A lot of the time, particularly in the past, we haven't done that – we've just ignored it, which can have devastating consequences."

Facing up to the realities

The rates of substance misuse and mental health problems among health professionals are broadly similar to those among the general population – 10-15% – although, as stated earlier, health professionals tend to present much later for help. Another difference is a higher prevalence of abuse of prescription medicines, which the practitioner may be prescribing for him or herself.

"As a profession we need to realise that, whether we like it or not, this issue exists. There are nearly 19,000 registered doctors in Ireland, so that gives us a figure of at least 1,900 who might have these problems, but we're seeing nowhere near that – even among doctors we're seeing maybe 50 to 60 people

[seeking help]." With approximately 2,500 registered dentists, a similar analysis would indicate a significant number who may be in need of help.

"There's clearly a huge unmet need out there. We need to recognise our own vulnerabilities. We know that people who have a family history, say, of mental health or addiction problems, are more likely to run into difficulties. For others, stress-related problems, e.g., financial problems, bereavement – can be the tipping point."

The traditional demographic associated with these problems – males in their middle years – is still the most common group affected. In recent times, however, a newer group of practitioners presenting with difficulties has emerged, and this is a cause for concern.

"There is increasing evidence that younger female practitioners are starting to present more frequently in programmes such as ours. [This may be linked to] the fact that there are a lot of additional pressures on women in terms of trying to manage their family life and all of the career pressures that exist."

Dr DeLargy mentions in particular the pressure on young female doctors of having to move every six months in the early part of their career. "This is a huge risk factor, particularly for women, because if you've a young family you're losing all your connections – your support network – every time you move." She feels that the pressures on young female dentists are likely to be similar, and with women making up more and more of these professions, these are issues that need to be dealt with.

"I think that's something we're going to have to acknowledge, and alert women to the fact that those risk factors exist – they need to be aware of them and try to develop supports. We also need to talk about how the professions are organised and try to minimise all this moving around."

Looking after yourself

Another important issue that Dr DeLargy is keen to raise, and that will be a key issue for the Programme, is the fact that many health professionals do not have their own GP, despite the fact that Medical Council guidelines require doctors to do so. This can mean that they manage apparently minor ailments themselves, without seeking an objective opinion. In certain circumstances what starts as a small prescription, for backache for example, can spiral out of control.

"We feel: 'I can manage these things. I don't really need a GP' – but you do. So that is a very important recommendation that the Programme will be promoting as good health practice."

Dr DeLargy and her colleagues hope to visit the third-level institutions to speak to undergraduates in the relevant disciplines and start getting the message about self-care and early identification of problems across at the very beginning of their careers.

"We want to let them know that the programme is there, and get these relatively simple messages out early: looking after yourself in the most appropriate way is going to pay dividends in the long run. Let somebody else look after your medical needs – don't try to manage them yourself. And if you start to develop problems, know what supports are there for you."

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